

Business Application

A. FINANCE AND VEHICLE INFORMATION

Type of Contract <input type="checkbox"/> Lease <input type="checkbox"/> Pre-Pay Lease <input type="checkbox"/> Select <input type="checkbox"/> Retail <input type="checkbox"/> OwnersChoice	Center Number	Center Name	Phone	Contact	
CONTRACT FINANCE INFORMATION	MSRP \$	Selling Price \$	Cash Down \$	Net Trade In \$	
	Other Charges \$	Amount Financed \$	Term	Monthly Payment \$	
VEHICLE INFORMATION	Year	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo	Make	Model	Mileage
TRADE IN INFORMATION	Year	Make	Model	Mileage	

B. BUSINESS INFORMATION

DEMOGRAPHIC	Business Name	Business Phone	Website/E-Mail			
	Business Address	City	State	Zip	County	How Long? Yrs. Mos.
	Date Of	<input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			Years Established	Years Under Present Ownership
	Nature of Business	DUNS Number	Tax ID Number			
OFFICERS	First	Last	Title	% Own		

C. BANKING & PREVIOUS VEHICLE INFORMATION

BANKING	Account Type <input type="checkbox"/> Checking	Account Number	Balance	Bank Officer Name		
	Bank Name	Address	City	State	Zip	Phone
	Account Type <input type="checkbox"/> Loan	Account Number	Balance	Bank Officer Name		
	Bank Name	Address	City	State	Zip	Phone
	Previous/Present Vehicle: <input type="checkbox"/> Leased <input type="checkbox"/> Financed	Name of Firm	Phone	Account Number		
Status: <input type="checkbox"/> Open <input type="checkbox"/> Paid <input type="checkbox"/> Trade	Address	City	State	Zip		

Financial Statements (most current year end and prior year end including footnotes) are required from business applicants. Federal income tax forms may be submitted in lieu of business financial statements. The 1040 forms must be supported by appropriate business related schedules such as Schedule C.

D. PERSONAL GUARANTOR/CO-APPLICANT PERSONAL INFORMATION

PERSONAL INFO	Social Security Number	Last Name	First Name	Middle Initial	Jr./Sr.	
	Date of Birth	Home Phone	E-Mail			
	Present Address	City	State	Zip	County	How Long? Yrs. Mos.
	Previous Address	City	State	Zip	County	How Long? Yrs. Mos.
	Nearest Relative Not Living With You - Last Name	First Name	Home Phone			
Address	City	State				
EMPLOYMENT	Employer Name	Employer Phone	Years of Service Yrs. Mos.	Occupation		
	Business Address	City	State	Zip	Gross Annual \$	
	Other Annual Income	Source of Annual Income <small>(Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.)</small>			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ED	Education Background (Highest Level)	<input type="checkbox"/> High School	<input type="checkbox"/> 2 Yr. College	<input type="checkbox"/> 4 Yr. College	<input type="checkbox"/> Graduate School	
FINANCE	Residence <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear	Monthly Payment \$	Personal Finance <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	Have You Ever Obtained Credit Under a Different Name? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Names)	Have You Ever Filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Date)				

E. COMMENTS

Yes <input type="checkbox"/> No <input type="checkbox"/> Previous BMW Financial Services Customer	Yes <input type="checkbox"/> No <input type="checkbox"/> Certified Pre-Owned
Yes <input type="checkbox"/> No <input type="checkbox"/> Waive Security Deposit per Program (include acct. # or VIN in comments)	Yes <input type="checkbox"/> No <input type="checkbox"/> Foreign National (Fax Foreign National Checklist)
Yes <input type="checkbox"/> No <input type="checkbox"/> Waive Security Deposit with Rate Adder	Yes <input type="checkbox"/> No <input type="checkbox"/> College Grad Program

Business Name _____



List operators in order of most frequent use.

Name	% of Vehicle Use	Birthdate	Sex	Operator's License #	State
Social Security #		/ /	M <input type="checkbox"/> F <input type="checkbox"/>		
Address		Phone ()			Years Licensed
Name	% of Vehicle Use	Birthdate	Sex	Operator's License #	State
Social Security #		/ /	M <input type="checkbox"/> F <input type="checkbox"/>		
Address		Phone ()			Years Licensed
Name	% of Vehicle Use	Birthdate	Sex	Operator's License #	State
Social Security #		/ /	M <input type="checkbox"/> F <input type="checkbox"/>		
Address		Phone ()			Years Licensed

Certified Resolution for Business Entity

Company: _____ Date: _____

I, the undersigned, hereby certify as follows:

- I am the president, treasurer, secretary or another officer, or partner, or member, or manager of the above-referenced Company and I have the authority to make this certification to you.
- The following resolutions were duly and properly adopted by the Company's board of directors, partners, members, managers or owners:

RESOLVED, that the Company is hereby authorized to finance or lease one or more motor vehicles and ancillary products or services from or through BMW Financial Services NA, LLC, Financial Services Vehicle Trust or their affiliates, assigns or predecessors-in-interest (including any motor vehicle retailer that regularly assigns finance or lease contracts to BMW Financial Services NA, LLC, Financial Services Vehicle Trust or their affiliates); and

RESOLVED, that any one or more of the following named persons, whose actual signatures are shown below, are authorized to execute any agreement or other documents necessary or appropriate to carry out the foregoing resolution:

Name of Authorized Signer(s)	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

- These resolutions have not been amended or revoked and are still in full force and effect.

By: _____ Name _____ Title _____

FOR PERSONAL GUARANTORS OR CO-APPLICANTS THE FOLLOWING SPECIAL NOTICES MAY APPLY:

OHIO RESIDENTS: Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

NEW YORK RESIDENTS: Upon your request, you will be informed whether or not a consumer credit report was requested, and if so, the name and address of the agency that furnished such report.

MARRIED WISCONSIN RESIDENTS: Wisconsin law provides that no provision of any marital property agreement, or unilateral statement or court order applying to marital property will adversely affect a creditor's interests unless, prior to the time that the credit is granted, the creditor is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision.

If you are making this application individually, and not jointly with your spouse, please be sure that the full name and current address of your spouse is properly disclosed in Section D on the front cover of this application.

MASSACHUSETTS RESIDENTS: Massachusetts law prohibits discrimination on the basis of marital status or sexual orientation.

CALIFORNIA RESIDENTS: A married applicant may apply for an individual account.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Signed By _____ Title & Position _____ Date _____

Personal Guarantor/Co-Applicant Signature _____ Date _____